# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| APPLICANT(S) | 09/202549 |

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |

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